



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES



October 1, 2020

Chair Greg Bonnen and Members
of the House Select Committee on Statewide Health Care Costs
Texas State Capitol
1100 Congress Avenue
Austin, TX 78701

Attn.: Samantha Durand and Brigitt Hartin

By Email: Samantha.Durand_HC@house.texas.gov
Brigitt.Hartin_HC@house.texas.gov

RE: ***INTERIM CHARGE 1: Examine the primary drivers of increased health care costs in Texas. This examination should include a review of current health care financing strategies; fragmentation of the care delivery administrative burden; population, health, and social factors that contribute to rising rates of chronic disease and poor health; insurance coverage and benefit design; lack of transparency in the cost of health care services; regional variations in the cost of care; consolidation and lack of competition in the provider and insurance markets; health care workforce capacity distribution; and fraud, abuse, and wasteful spending.***

Dear Chair Bonnen and Members of the House Select Committee:

On behalf of our members operating community pharmacies in Texas, the Texas Federation of Drug Stores (TFDS) and the National Association of Chain Drug Stores (NACDS) appreciate the opportunity to provide written comments to the Texas Statewide Health Care Costs Committee in an effort to evaluate and reduce statewide health care costs. TFDS and NACDS applaud the Committee for their efforts to evaluate the existing infrastructure and identify opportunities to effectively utilize public dollars to deliver high quality care that Texans deserve. Through this process, TFDS and NACDS strongly urge the members of this Select Committee to recognize the value of leveraging all qualified healthcare professionals throughout the state to provide Texans convenient and affordable care.

The Texas Federation of Drug Stores (TFDS) is an association of ten (10) chain pharmacies which operate in Texas. TFDS activities are focused on pharmacy- specific legislative and regulatory matters. Our members are Albertsons Companies (Albertsons, Randall's and Tom Thumb), Brookshire Brothers, Inc., Brookshire's Grocery, H-E-B, Genoa, Kroger, ReCept Pharmacy, United Supermarkets, Walgreens and Walmart.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. In Texas, NACDS member companies operate more than 3,000 locations that employ nearly 300,000 people. Our members operate 40,000 pharmacies in total and include regional chains with as few as four stores as well as national companies. Across the nation, chain pharmacies

employ more than 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative patient-care services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

As the healthcare industry transitions towards delivery of value-based care, the value of social determinants of health data is of great importance. Social determinants of health, including obesity and type 2 diabetes (access to health foods and opportunity for physical activity), tobacco use (lack of education or tools to quit), and asthma (access to environment free of toxins), among others can have an impact on health. Furthermore, lack of transportation, lack of paid time off, and limited income can lead to healthcare access and utilization disparities. Specifically within the state of Texas, approximately 7 million Texans live in designated primary care physician shortage areas.¹ Also, 12.9% of the state's population is over the age of 65, and as of 2015, more than 15 million Texans were reported to have at least one chronic disease and 6 million reported having two or more.^{2,3} According to a study by the Johns Hopkins Center for Health Security, approximately 50% of patients with chronic illness do not take their medications as prescribed leading to morbidity, mortality, and costs of approximately \$100 billion per year.⁴ Specifically, at least 12.6% of Texans have been diagnosed with diabetes, 32.2% suffer from hypertension, and 33% of them have high cholesterol. Many others could be at risk of developing these diseases as nearly 34.8% of the population is obese.⁵

Especially in light of the global pandemic, the health and well-being of Texans should continue to be at the forefront. It is essential for this Committee to evaluate existing access points, effectively recruit and retain healthcare professionals; and improve the health of Texans through understanding of social determinants of health. Access to, and continuation of, care are also critical factors, strongly influencing patient outcomes and are especially important in underserved communities. Care coordination is vital in the advancement of healthcare as pharmacist engagement in the transitions of care process will bridge gaps in care and decrease downstream healthcare costs. Pharmacists are medication experts with a proven, successful track record delivering patient care while improving health outcomes in a culturally sensitive manner. Pharmacists are also qualified to offer quality patient care services, including chronic disease management services while also identifying and reporting social determinants that hinder optimal medication use and overall wellness of patients. Pharmacists have been able to provide such services in various states, as seen in the attached Appendix, while safely and effectively expanding access to surrounding communities.

Additionally, physician shortages in such areas and unnecessary restrictions on other care providers, such as pharmacists, prevent patients from receiving the most accessible and timely care. By better leveraging the skills and expertise of all healthcare professionals practicing within the community physicians would be supported by helping to bridge gaps in care and

¹ Third Quarter of Fiscal Year 2020 Designated HPSA Quarterly Summary. Health Resources and Services Administration. <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>. Accessed September 25, 2020.

² QuickFacts Texas. United States Census Bureau. <https://www.census.gov/quickfacts/TX>. Accessed September 25, 2020.

³ Partnership to Fight Chronic Disease. Texas. Accessed September 2020. https://www.fightchronicdisease.org/sites/default/files/download/PFCD_TX_FactSheet_FINAL1.pdf

⁴ Shearer MP, Geleta A, et al. Serving the Greater Good: Public Health & Community Pharmacy Partnerships. Center for Health Security. Johns Hopkins Bloomberg School of Public Health. 2017.

⁵ Texas Annual Report. America's Health Rankings United Health Foundation. <https://www.americashealthrankings.org/explore/annual/measure/Obesity/state/TX>. Accessed September 25, 2020.

reduce undue strain across the whole healthcare continuum resulting in better care for the underserved.

Community pharmacists are ideally positioned to help support efforts to identify, report and address such issues. Evidence has shown that patients visit their community pharmacists frequently; for example, a study reported that high-risk Medicaid beneficiaries tend to visit their local community pharmacies 35 times per year, nearly 10 times more than other healthcare settings.⁶ The frequency at which patients visit their community pharmacies allows pharmacists to help identify and report social determinants of health and provide necessary linkages to additional care. Community pharmacies also offer increased accessibility and convenience through extended hours and no requirements to make appointments.

Conclusion:

It is vital for the state of Texas to implement the necessary health access measures that are effective, long-term solutions to providing quality patient care for their residents. Through increased engagement of pharmacies and the corresponding appropriate coverage of pharmacy patient care services through all models, pharmacies will be able to feasibly and sustainably provide the care they are recognized for within communities across the nation. TFDS and NACDS strongly urge Texas to leverage pharmacists in the delivery of patient care as it will benefit the citizens and the economy of the state. TFDS, NACDS and our member companies in Texas stand ready to engage further on this matter in an effort to protect our citizens and welcome the opportunity to discuss this issue further; for follow-up, please contact either NACDS' Mary Staples, Regional Director of State Government Affairs, at (817) 442-1155 or mstaples@nacds.org, or Janis Carter, TFDS at jcarter@carterstrategies.com or (512) 914-3652.

Sincerely,



Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer
NACDS



Ken Breda
President
TFDS

cc: Texas Pharmacy Business Council
Texas Society of Health Systems Pharmacists
Texas Pharmacy Association
Texas TrueCare Pharmacies

⁶Moose J, Branham A. (2014). Pharmacists as Influencers of Patient Adherence. *Pharmacy Times*. <https://www.pharmacytimes.com/publications/directions-in-pharmacy/2014/august2014/pharmacists-as-influencers-of-patient-adherence->

Appendix 1: National Landscape of Innovative Pharmacist-Provided Services

Proposed Service	States Where Service Can Be Provided
Naloxone ^e (28 states)	<p><u>Statewide Protocol/Pharmacist Prescribing:</u> California, Connecticut, Idaho, Iowa, Kansas, Maine, Massachusetts, New Jersey, New Mexico, North Dakota, Oklahoma, Oregon, Tennessee, Vermont, West Virginia, Wyoming</p> <p><u>Statewide Standing Order:</u> Alabama, Georgia, Illinois, Indiana, Maryland, Michigan, Missouri, North Carolina, Pennsylvania, Texas, Virginia, Wisconsin</p>
Test & Initiate Treatment: Influenza, Helicobacter pylori, Group A Streptococcus, Urinary Tract Infection ⁱⁱ (17 states)	<p><u>Prescriptive Authority:</u> Idaho</p> <p><u>Statewide Protocol:</u> Kentucky, Florida</p> <p><u>CPA:</u> Illinois, Michigan, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Tennessee, Utah, Vermont, Washington, Wisconsin</p>
Tobacco Cessation ⁱⁱⁱ (12 states)	<p><u>All Nicotine-Replacement Products:</u> Arkansas (statewide protocol authorized not yet issued), Arizona, California, Iowa, Missouri</p> <p><u>All FDA-Approved Tobacco Cessation Aids:</u> Colorado, Idaho, New Mexico, Indiana (statewide standing order), West Virginia (statewide protocol authorized not yet issued)</p> <p><u>Over the Counter Nicotine Replacement Products:</u> Maine (regulations pending)</p> <p><u>Tobacco Cessation Prescribing:</u> Oregon (addressed in statute)</p> <p><u>Proposed Legislation:</u> Connecticut, Massachusetts, Maryland, Mississippi, Minnesota, Rhode Island</p>
Hormonal Contraceptives without a CPA ^v (13 states)	California, Colorado, DC, Hawaii, Idaho, Maryland, Minnesota, New Hampshire, New Mexico, Oregon, Utah, Virginia, West Virginia
HIV PrEP and PEP ^v (3 states)	<p><u>PrEP and PEP:</u> Idaho, California, Colorado (prescriptive authority)</p> <p><u>PEP (7-day supply):</u> New York (non-patient specific order)</p>
Tuberculosis Testing without a CPA ^{vi} (3 states)	Idaho, Kentucky, New Mexico
Immunizations	<p><u>May Administer CDC/ACIP- Recommended Vaccines (31):</u> Alaska, Arkansas, Arizona*, California, Connecticut*, Colorado, Florida*, Iowa*, Idaho, Indiana, Louisiana, Massachusetts, Maryland, Maine, Minnesota, Montana, North Carolina, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Utah, Vermont*, Washington, Wisconsin, West Virginia**</p>

* CDC Adult IZs only

** Emergency Rule/Suspension of Existing Reg due to COVID-19 (not final)

***Scope Varies

NACDS Internal Research/ NASPA